

HEALTH DIVISION "RECORD OF GRIEVANCE FILED"

Mail to:

Attention:
Ryan White CARE Coordinator
Bureau of Community Health
Nevada State Health Division
505 E. King Street, Room 103
Carson City, Nevada 89701

This serves as notification that **Form Number** _____ has been
filed with _____ Agency Name.

NOTE: To protect your confidentiality, please do not include any information on this postcard that would identify you. The Form Number will allow the Ryan White Coordinator to conduct any necessary follow-up.